

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 2			
1. CONTRACT/PURCH ORDER/AGREEMENT NO. SPE2D1-17-D-0007			2. DELIVERY ORDER/CALL NO. SPE2D1-21-F-0055		3. DATE OF ORDER/CALL (YYYYMMDD) 2020 DEC 05		4. REQUISITION/PURCH REQUEST NO. HT001802168402		5. PRIORITY				
6. ISSUED BY DLA TROOP SUPPORT MEDICAL SUPPLY CHAIN FSD 700 ROBBINS AVENUE PHILADELPHIA PA 19111 USA Local Admin: [REDACTED] Tel: [REDACTED] Fax: [REDACTED] Email: [REDACTED]			CODE SPE2D1		7. ADMINISTERED BY (If other than 6) CODE SPE2D1 DLA TROOP SUPPORT MEDICAL SUPPLY CHAIN FSD 700 ROBBINS AVENUE PHILADELPHIA PA 19111 USA Criticality: C Pre-Award Survey : None			8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)					
9. CONTRACTOR OEC MEDICAL SYSTEMS, INC. DBA GE 384 N WRIGHT BROTHERS DR SALT LAKE CITY UT 84116-2862 USA			CODE OU7R4		FAC LITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) 2021 MAR 05		11. X IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED				
NAME AND ADDRESS							12. DISCOUNT TERMS Net 30 days						
							13. MAIL INVOICES TO THE ADDRESS IN BLOCK Submit Invoices IAW DFARS 252.232-7003						
14. SHIP TO SEE SCHEDULE, DO NOT SHIP TO ADDRESSES ON THIS PAGE			CODE		15. PAYMENT WILL BE MADE BY CODE SL4701 DEF FIN AND ACCOUNTING SVC BSM P O BOX 182317 COLUMBUS OH 43218-2317 USA			MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.					
16. TYPE OF ORDER											DELIVERY/ CALL	<input checked="" type="checkbox"/>	This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.
											PURCHASE	<input type="checkbox"/>	Reference your _____ furnish the following on terms specified herein.
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.													
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYYYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: _____													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE [REDACTED]													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICES				20. QUANTITY ORDERED/ ACCEPTED*		21.UNIT	22. UNIT PRICE	23. AMOUNT			
		See Schedule				1.000							
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA Jaclyn Hartzell [REDACTED] 2020 DEC 05			25. TOTAL		[REDACTED]			
								26. DIFFERENCES					
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED													
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP. NO.		29. D.O. VOUCHER NO.		30. INITIALS			
f. TELEPHONE NUMBER						g. E-MAIL ADDRESS		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR			
						31. PAYMENT				34. CHECK NUMBER			
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.						COMPLETE				35. BILL OF LADING NO.			
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER				PARTIAL							
						FINAL							
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.			

Attachments

List of Attachments

File Name	Description
ATTACH_CONTINUATION_PAGES	Continuation pages-WA5-20-1816-WalterReedCArm.pdf